

ly spread must have in it an element of utility, and we shall do well to study how far it may with propriety be adopted in scientific midwifery.

For many years past I have used uterine expression regularly whenever I found it necessary to intensify feeble uterine action, and I am satisfied that with proper limitations we have in it a most valuable addition to our resources, which is as yet not sufficiently appreciated, and which is destined to take a recognised place as an oxytocic agent in every way safer and more manageable than ergot. The best way of using it is, I think, for the practitioner to stand by the side of the patient (who is in her usual position on her left side), and to spread his left hand over the fundus. When the pain comes on strong downward pressure is made in the direction of the axis of the brim. If the finger of the right hand be placed simultaneously on the head *per vaginam*, it will be felt to be pushed down in a very marked way. I have often in this manner pushed the head through the brim, where it had been long delayed, and right on to the perineum in two or three pains; and on more than one occasion when called to a tedious labour with the view of delivering by forceps, I have avoided the use of the instrument by this means, and rapidly terminated the case.

A mechanical oxytocic of this kind is entirely within the control of the practitioner, and can be used exactly as he thinks best to assist feeble pains, or intermitted when the pains are stronger, and it has, therefor, none of the disadvantages of ergot, the effects of which when once given are entirely beyond our control. I have never seen anything which led me to think that pressure on the uterus, used with due care, has had any sort of injurious effect. It is, in fact, merely a means of supplementing the deficient *vis a tergo*, which is so essential for the proper progress of labour. It is needless to say that this expedient is only applicable in the second stage, after the rupture of the membranes, and when it is known that the pelvis is of full size, and that there is no resistance from the soft parts.

The one characteristic of modern midwifery practice which most distinguishes it from the practice of half a century ago is the frequency with which labour is terminated by the forceps.

Strongly convinced as I am that it is unwise to allow patients to drag on unnecessarily in labour for an indefinite time, and satisfied though I be that the modern practice is far better in this respect than that of our immediate predecessors, I am by no means sure that the pendulum may not have swung too far in the opposite direction. When I hear of men who put on the forceps in every fourth or fifth labour, I cannot help fearing that they may have been tempted to their use, perhaps unconsciously, with the view of saving their own time, rather than because they considered them essential for the welfare of the patient. It is very difficult in practice, and the remark applies to many other things besides the use of the forceps, to walk in the safe and judicious *via media*.

It is surely needless to insist that the convenience of the practitioner can never be a reason for expediting labour. Before, however, considering the practice of to-day, let us see what was that of the past. Within the memory of many of the senior members of the profession the use of the forceps was the rarest of events, and it was so held *in terrorem* that many conducted a large midwifery practice without hardly ever using them. Even since I began practice in London it came to my knowledge that in one of the largest metropolitan suburbs there was not a single practitioner who possessed a pair of long forceps. As an example of the kind of practice which was prevalent, let me give you two instances culled from published histories.

One is the historical case of the Princess Charlotte of Wales, which I have elsewhere described in this connection, but which will bear referring to again because of its interest and importance. It may be fairly assumed that the heiress to the Crown had the best attendance that could be procured, and that her labour was conducted on the principles then recognised as correct. In this case the membranes ruptured at 7 p.m. on a Mon-